

CLASS Pin Numbers

Driver's License Number

CITY OF LAS VEGAS YOUTH PROGRAMS PARTICIPANT INFORMATION FORM

Program/School:	Grade:	Track:	Date of Birth:
Participant's Name:			Age:
Address: Apt.#		Zip Code:	Phone:
Parent/Guardian #1:		Cell Phone:	
Work Location:		Work Phone:	
Parent/Guardian #2		Cell Phone:	
Work Location:		Work Phone:	
E-Mail Address:		Shirt Size: S M L XL XXL	Swimmer: Non-Swimmer Beginner Intermediate Advanced

EMERGENCY CONTACT (Someone other than parent/guardians):

(I understand that it is my responsibility to provide current phone numbers and addresses)

Relationship: _____ Phone: _____

Relationship: _____ Phone: _____

MY CHILD MAY BE PICKED UP BY (Someone other than parent/guardian):

Relationship: _____ Phone: _____

Relationship: _____ Phone: _____

MEDICATION: _____ NO _____ YES (If yes, please fill out additional form and attach photo)

ALLERGIES OR SPECIAL NEEDS: _____

Fees: I understand that all fees are due by Friday for the following week. Payment may be made in cash, money order, credit card (MC, Visa, and Discover), Debit card, or check accompanied by a driver's license. If payment is not made by Friday at 6:00pm, families will be subject to \$5 per day late fee and may be suspended from the program. Payments will only be accepted from adults listed on this form. _____ (Initial)

Late Pick-up fee: I understand that if the child is not picked up by 6:00pm, a late fee of \$ 1.00 per minute per family will be charged beginning at 6:01pm. _____ (Initial)

Absenteeism: I understand that no credit is given when a child is absent from the program. _____ (Initial)

Sign-in/Out: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the child are those listed on this form and a photo ID must be shown. _____ (Initial)

Parent Handbook: I have received and will read and understand the policies and procedures outlined in the parent handbook. _____ (Initial)

For and on behalf of the minor child named as participant herein, myself, my spouse, if any and our heirs, executors and administrators, I hereby do expressly and forever waive and release the LAS VEGAS DEPARTMENT OF LEISURE SERVICES, the CITY OF LAS VEGAS, and all their respective officers, employees, agents or representatives from any and all liability for personal injury or damages sustained, incurred, arising from, or connected with the program or activity described herein or the above-named child's participation therein, including travel thereto and return there from.

Signature of Parent/Guardian

16201-025-03-06

Date